



## CENTRON SECURITY SERVICES

## Daily Security Report

Client No. <b>2036</b>	Client Name <b>O. H. Metals</b>	Location <b>1002 Oswego ST</b>	Date <b>4/8/89</b>											
Facility Equipment <b>1</b>	Detect Clock <b>1</b>	Weapon No. <b>-</b>	Holster <b>-</b>	Nightstick <b>-</b>	Raincoat <b>1</b>	Flashlight <b>1</b>	Other <b>3 Keys, Log Book &amp; Phone</b>							
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) <b>R Dealery</b>		Officer—Swing Shift (Name) <b>otc Del Vecchio</b>		Officer—Grave Shift (Name) <b>Dick Kokoszki</b>								
Shift Began <b>8 AM</b> Ended <b>4 PM</b>		Shift Began <b>4 AM</b> Ended <b>12 PM</b>		Shift Began <b>12 PM</b> Ended <b>8 PM</b>										
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation					
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Visitors	<input checked="" type="checkbox"/>		<b>JACK EPA 910</b>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Remarks <b>EPA let in at 910 JACK &amp; one other man EPA left 1020 (RD)</b> <b>John Saupp in at 1010 Harmon Joe Rotola LEFT AT 1020 (RD)</b> <b>Pand'nek in with Saupp Western TMT US EPA Blue Bowk man in at 1455 out at 1505 (RD)</b>														
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>														
1. Were you injured during this tour?	Day Shift	1	2	3	Swing Shift	1	2	3	Grave Shift	1	2	3		
Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
2. Did you suffer any illness?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Signatures	Day Shift	1 <b>R Dealery</b>			Swing Shift	1 <b>otc Del Vecchio</b>			Grave Shift	1 <b>Dick Kokoszki</b>				
Signatures	2				2				2					
Signatures	3				3				3					

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